

STATE OF TENNESSEE DEPARTMENT OF COMMERCE & INSURANCE

DEPARTMENT OF COMMERCE & INSURANCE
DIVISION OF FIRE PREVENTION
ADMINISTRATIVE SERVICES SECTION
PERMITS AND LICENSES UNIT
500 JAMES ROBERTSON PARKWAY
DAVY CROCKETT TOWER
THIRD FLOOR
NASHVILLE, TN 37243-1159

Phone: (615) 741-1322 Fax: (615) 741-1583

VERIFICATION OF EXPERIENCE FOR FIREWORKS/PYROTECHNICS/FLAME EFFECTS OPERATOR CERTIFICATION (To be submitted with Operator's Application)

INSTRUCTIONS:

<u>APPLICANT</u>: USE SEPARATE FORMS FOR EACH EVENT (3 required). Proof of work under competent supervision of three (3) displays within the three (3) years immediately preceding the application must be provided for each operator classification applied for. Print or type all information. The event operator or authority having jurisdiction must sign the statement for each display to be considered for approval. ALL REFERENCES MUST BE VERIFIABLE.

EVENT OPERATOR or AUTHORITY HAVING JURISDICTION: Review the information provided by the applicant. If the information is adequate, sign the statement at the bottom confirming competency.

Event Operator: The person having knowledge and ability to safely assemble and discharge fireworks/pyrotechnics/flame effects with supervisory responsibility of the event.

Authority Having Jurisdiction (AHJ): An individual responsible for enforcing the requirements of a code or standard, or for approving equipment, materials, installations, or procedures (as defined by the National Fire Protection Association).

Date of Display:		Name of Display:				
Display Location (City,	County, State):					
Name of Applicant: Applicant's Duty(s):				Type of Displa ☐Proximate	y: □Outdoor	☐Flame Effects
Name of Event Operator:			Name of the AHJ:			
Event Operator's Address:			AHJ's Address:			
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Event Operator's Phor	ne Number: ()		AHJ's Phone Number:	()		
I have acted as (circle one) event operator / authority having jurisdiction for this event, and I am competent in the knowledge of standards, codes and safety regulations for the type of display indicated above.						
Signature:				Date:		

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